

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005322

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 255

STATE FILE NUMBER

VS 300  
Rev. 4/59

1 5117

2 0250

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4 0

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7 1

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11 511

12 2-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF  
J.R. Forgrave, M.D.  
CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived; If institution: Residence before admission) a. STATE <u>Missouri</u> , COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Length of stay in lb <u>10 days</u>	c. CITY OR TOWN <u>Plattsburg</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Meth. Med. Center</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>511 Maple</u>
3. NAME OF DECEASED (Type or print) First <u>Hassler</u> Middle <u>Gsell</u> Last <u>Gsell</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>26</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-24/1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>80</u>
11. BIRTHPLACE (City and state or country) <u>Hummelston, Pa.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jonas Gsell</u>		13b. MOTHER'S MAIDEN NAME <u>Hallie Hassler</u>	
14. NAME OF HUSBAND OR WIFE <u>XX</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of) <u>No</u>	
16. INFORMANT <u>Emma Lou Christian Plattsburg, Mo.</u>		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary failure</u> DUE TO (b) <u>Dislocation - Rt femur - fracture lth</u> DUE TO (c) <u>Murder</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>auto accident</u>	
20c. TIME OF INJURY Hour <u>7</u> a.m. <u>4</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Buchanan County Hwy 169</u>		20f. CITY, TOWN, OR LOCATION <u>Buchanan Mo.</u>	
21. I attended the deceased from <u>2-13-63</u> to <u>2-26-63</u> and last saw him alive on <u>2-26-63</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J.R. Forgrave</u> (Degree or title)		22b. ADDRESS <u>420 N 8th St Plattsburg</u>	
22c. DATE SIGNED <u>2-27-63</u>		23. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/28/1963</u>	
23c. LOCATION (City, town, or county) (State) <u>Clinton County Missouri</u>		24. FUNERAL DIRECTOR <u>Syon Funeral Home Plattsburg, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>Feb. 27, 1963</u>		26. REGISTRAR'S SIGNATURE <u>Miss Clark Goodell</u>	

RECEIVED  
MAR 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Therese E. Cox*

Licensed Embalmer No.

4993

P. O. Address

*Leavenworth, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Received 3-27-63

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